## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30**, 2003. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

To: California crearinghouse fax: 916.323.3018 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifi **FEDERAL ASSISTANCE** 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application <u>Application</u> Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: The Regents of the University of California Organizational Unit: Animal Science Department Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving One Shields Avenue his application (give area code) E Davis. CA 95616 Frank Mitloehner(530)752-3936 G. EMPLOYER IDENTIFICATION NUMBER (F)(V): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 25 NOV 9 4 - 6 0 3 6 4 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning Confiduration ( EA THE EVISION ST C. Municipal J. Private University New New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L Individual M. Profit Organization F. Intermunicipal A Incresse Award B. Decrease Award G. Special District C. Increase Duration N. Other (Specify) \_ D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency-Region 9 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Effects of Dairy Rations on VOC, Total 6 0 6 6 6 Non-Ethane Organic Compounds (TNMNEOC), TITLE: and Methane Emmissions from Cows and their 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Waste under Controlled Conditions 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant 3 b. Project 11/1/03 10/31/04 Frank Mitloehner, PhD 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 75,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ DATE d. Local \$ b. No. X PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. X No Ð. 75,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. PANA MICH a. Type Name of Authorized Representative MANY MCNAIN FILD. Contracts and GENVE Fincer c. Telephone Number 530-754-7670 d. Signature of Authorized Representative e. Date Signed than at the 8-01-03 Previous Edition Usable Standard Form 424 (Rev. 7-97) Authorized for Local Reproduction Prescribed by OMB Circular A-102 BMO, PMD-7

OMB Approval No. 0348-0043

APPLICATION FOR		A BATT SHALL		Applicant Identifier		
EDERAL ASSISTANCE		2. DATE SUBMITTED		The state of the s		
<u> </u>		11/05/0		Ol-to Application Identifies		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication	A BATE DESENTED BY	FEDERAL AGENCY	Federal Identifier		
Construction	Construction	4. DATE RECEIVED BY	PEDERAL AGENCY	1 adoles identified		
Non-Construction	Non-Construction	<u> </u>				
S. APPLICANT INFORMATION			Organizational Unit:			
Legal Name: Trinity County Wa	terworks Distri	ct #1	WATER/SE	EWER DISTRICT		
Address (give city, county, State,	and zip code):			number of person to be contacted on matters involving		
		ENVEG	this application (give a			
P.O. Box 217 Hayfork, CA 9604		E D V E	Craig J. Ha			
Trinity County			1530-628-544	ANT: (enter appropriate letter in box)		
6. EMPLOYER IDENTIFICATION			חוות	G		
9 4 - 6 0 2 8	3 2 3 1 4 NO	V 25	A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Leaming		
☐ New	Continuation		Sp. Township	J, Private University		
		Revision HOU		K. Indian Tribe		
If Revision, enter appropriate lett	er(s) in box(es)   A I LA	hars to the same of the same o	E, Interstate F, Intermunicipal	I. Individual M. Profit Organization		
4 I Avenued B Doc	roase Award C. Increase	e Duration	G. Special District	N. Other (Specify)		
A, Increase Award B. Dec  D. Decrease Duration Other		c Daranott				
D. Dociense Databoli Vale.			9. NAME OF FEDERA	AL AGENCY:		
			11500 16	RUPAL PEVELOPMENT		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
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	l		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Punchuse of Sewer Checking equipment  Punchuse of Repour Supplies			
TITLE: 12. AREAS AFFECTED BY PRO	DIECT/Cideo Counting St	atac arc l'	Puonencise of	Report SOPPING		
12. AREAS AFFECTED BY PRO	JJECT (Cilies, Counties, Sie	alas, alc.,.				
Havfork, Trin	nity, California					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date	a. Applicant		b, Project			
11/25/03 06/01/04			4C IC ADDUCATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 P			
a, Federal	<b>S</b>	50.0000	ORDER 1231211	(002001		
a, recerai		50,000°°	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	.00	AVAILABLI	E TO THE STATE EXECUTIVE ORDER 12372		
			PROCESS	FOR REVIEW ON:		
c. State	\$	00	/	11/86/03		
		90,	DATE			
d. Local	\$	• •	b. No. T PROGRA	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$	lio .		GRAM HAS NOT BEEN SELECTED BY STATE		
e. Onlet		-	FOR RE			
f. Program Income	\$	.00				
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	50,000 ·°°	Yes If "Yes,"	attach an explanation.		
		•	ATIONIBBEARDICA	TION ARE TRUE AND CORRECT THE		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICA DE ADDITICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	ARDED.	- OF LECONT AND I			
a. Type Name of Authorized Ret		b. Title		c. Telephone Number		
Craig J. Hair	Jr.	District M	lanager	530-628-5449		
d. Signature of Jubgrized Repr	raemative			e, Date Signed		
1////////				11/02/03		
				/ Stondard Form 404 /Day 7:07\		
Previous Edition Leading Authorized for Local Reproduction				Standard Form 424 (Rov. 7-97) Prescribed by OMB Circular A-102		

								OMB Approval No. 0348-0043
APPLICATION FO	OR			2. DATE SUBMITTED		* * * * * * * * * * * * * * * * * * *	Applican	ıt Identifier
FEDERAL ASSIST		E					ļ	100
1. TYPE OF SUBMISSION				3. DATE RECEIVED B	BY STATE		State App	plication Identifier
Application		Preapplication						
⊠ Construction		☐ Construction ☐ Non-Construction						
Non-Construction		□ 14011-Construction		4. DATE RECEIVED B	BY FEDERAL	AGENCY	Federal I	dentifier
5. APPLICANT INFORMA	TION			Organizational Unit:				
Legal Name Los Angeles County M	Tetropoli	itan Transportation Aut	hority	Programming	and Polic	cy Analys	sis	
Address (give city, state, and				Name and telephone nu	mber of the pe	rson to be co	ntacted on	n matters involving this application (give
One Gateway	Plaza							
Los Angeles (	alifor	nia 90012-2952		Steve Henley				
Los Angeles,	J			(213) 922-309	03			
6. EMPLOYER IDENTIFIC	CATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter app	propriate letter	r in box)	N
95 - 44 0 19				_				
8. TYPE OF APPLICATIO	N:			A State H	Independent S State Control	School Dist. led Institution	of Highe	er Learning
New 🗆 Continuatio	[V] D.	ardalan			Private Univ			
New Ll Continuatio	n 🖾 Ke	evision		D 20	Indian Tribe	<b>:</b>		
		to hear(eg). A ingresses	nward	F Intermunicipal	. Individual M Profit Org	anization		
If Revision, enter appropria				G Special District	N Other (Spec	cify)		
A Increase Award B I D Decrease Duration Of	Decrease <i>F</i> ther ( <i>snec</i>		OII	State Chartere	ed Transit	District		
D Decrease Duration O	ther (spee	<b>3</b> ,77		9. NAME OF FEDERA				
				Federal Tran		nistration	l	
		ESTIC 20 - 507		11. DESCRIPTIVE TI	TLE OF APPI	ICANTS PR	OJECT:	
10. CATALOG OF FEDER ASSISTANCE NUMBER		ESTIC 20 - 507		200	4 ()	saistonee	Amond	Iment 04
TITLE 49 U.S.C.		7		Fiscal Year 200	4 Capitai A	ssistance -		-
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12. AREAS AFFECTED D	I FROJE	C1 (cines, commes, sinces, or	<b></b>					/ 'CCETTE
City and County of Lo	os Ange	les, CA						NOV 2 4 2063
13. PROPOSED PROJECT	,	14. CONGRESSIONAL D	ISTRICTS OF				/_	NOV 9
Start Date		Ending Date a. A	Applicant			b. Project	10	= 2063
00.01.1006		12/31/2006	through 39, 42, 46			Same a	s Appl	CATHE CLEAR
08-01-1998		12/31/2000						CATHE CLEARING HOUSE
	~		16 IS APPLICATIO	N SUBJECT TO REVIE	W BY STATE	EXECUTIV	E ORDER	R 12372 PROCESS?
15. ESTIMATED FUNDING		43,627,000.00	a VES THIS P	REAPPLICATION APP	LICATION W	AS MADE A	VAILABL	LE TO THE STATE EXECUTIVE
a Federal	\$	43,027,000.00	ORDER 12	372 PROCESS FOR RE	VIEW ON			
			DATE11_	/19/2003				
			b NO□ PR	OGRAM IS NOT COVE	RED BY E O	12372		
							re ead d	DEVIEW
		00	∐ OR1	PROGRAM HAS NOT B	BEEN SELECT	EDBYSIA	IE FUK K	TE 4 IE 44
b Applicant	\$	.00	1					
c State	\$	.00	1					
d Local	\$	.00						
e Other	\$	.00	17. IS THE APPLIC	CANT DELINQUENT OF	N ANY FEDER	RAL DEBT?		
f Program Income	\$	.00						
			Yes If "Y	es" attach an explanation	n 🗵 N	0		
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g TOTAL	\$	54,313,250.00						
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A	OWLEDGI APPLICAN	E AND BELIEF, ALL DATA IN IT AND THE APPLICANT WII	THIS APPLICATION P	PREAPPLICATION ARE TR E ATTACHED ASSURANCE	RUE AND CORR ES IF THE ASSI	ECT. THE DO ISTANCE IS A	CUMENT I WARDED	HAS BEEN DULY AUTHORIZED BY THE
					b Title			c Telephone number
a Typed Name of Authorize	d Repres	entative					1	•
FRANK FLORES	S					cutive Officer ng & Policy A		(213) 922-2456
d. Signature of Authorized	$\overline{}$	tative			e. Date Sign	ed	,	
u. Signature of Audiorized	———					11	19	103
1	The	de Then						

Previous Editions Not Usable

APPLICATION FOR	) L				OMB Approval No. 0348-0043		
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant identifie:			
1. TYPE OF SUBMISSION: Application			3. DATE RECEIVED BY STATE		State Application Identifier		
Construction Non-Construction APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGEN		Y Federal Identifier			
egal Name:	TO THE RESIDENCE OF THE PARTY O	O COLOR DE SER LA CALL AMERICA A CÓMICA A CÓMICA A COMICA DE PORTE DE CALLES	Organizational Unit:		the artists and a grown again, the administrative and is, who so it is a 10 months the administrative		
Clearlake Environmental	Action Nétwork			1 1 1 2			
Box 926, Clearlake Oaks, CA 95423			this application (give .	number of person to be erea code)	contected on matters involving		
Lake County	one of the part and be related and the state of the state	UDANG	Holly Harris 707-998-0135				
B. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLIC  A. State	ANT: <i>(enter appropriate</i> E. Independent Schoo			
. TYPE OF APPLICATION:	THE PARTY NAMED AND ADDRESS OF THE PARTY NAMED AND ADDRESS OF THE PARTY NAMED AND ADDRESS.	Control of the Contro	B. County	State Controlled Institution of Higher Learning			
X Ne	w Continuation	Revision	Revision C. Municipal		J. Private University		
Revision, enter appropriate let			0. Township	K. Indian Tribe			
rievision, enter appropriate let	rier(s) in pox(es)		E. Interstate	L. Individual			
A. Increase Award B. Dec D. Decrease Duration Other		e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)			
D. Doorouse Duranon - Oaren	ароспу).		9. NAME OF FEDERAL AGENCY:				
And a second	CONTRACTOR OF THE CONTRACTOR O						
O. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S	PROJECT:		
			Technical Assis	tance for	CONTRACT OF THE PROPERTY OF TH		
TITLE:			Sulphur Bank M	fercury Mine Super	RECEIVED		
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.j:					
Clearlake Oaks, Clearlako	e, Clearlake Park, Lake	e County, CA			NOV 2 1 2003		
3. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
tart Date Ending Date	a. Applicant		b. Project		STATE CLEARING HOUS		
01/04/04	1 (CA)		1 (CA				
ESTIMATED FUNDING:					BY STATE EXECUTIVE		
Federal	\$ [50,000	00	ORDER 12372 PR	OCESS7			
Applicant	\$ [50,000]	00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE				
State	39,500	30	AVAILABLE TO THE STATE EXECUTIVE ORDER 19372 PPOCESS FOR REVIEW ON:				
State	\$		DATE	/19/2003			
Local	\$	.00	f-maran	and the same of the same of the same of the same of			
Other	\$ .03		b. No. [] PROGRAM IS NOT COVERED BY E. O. 12372 [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
Program Income							
TOTAL	\$ 89,500	60		T DELINQUENT ON AN trach an explanation.			
TO THE BEST OF MY KNOW	/LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TIOM/PEEAPPLICAT	(MI ARE TRUE ASENCE	No Danect, the		
DCUMENT HAS BEEN DULY A	AUTHORIZED BY THE GO	VERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL CO	DMPLY WITH THE		
Type Name of Authorized Representative Chuck Lamb		b. Title Executive Director		c. Telephona Number - 1707-998-0135			
Signature of Authorized Repres	entative			* <u>[707-998-0135</u> e. Date Signed 7	TOTAL PROPERTY BANKS AND THE PARTY BANKS AND T		
Weed Wood			endifications are seen only seems absence in section of	4190			
Aborined for Least Co.					n 424 (Rev. 7-97)		

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR					
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier	
		9-8-03			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication		TEREBAL ACENOV	F-JIJ	
Construction	Construction     Construction	4. DATE RECEIVED BY		Federal Identifier	
Non-Construction	Non-Construction	<u> SEP 08 20</u>	183		
5. APPLICANT INFORMATION Legal Name: City Of		·	Organizational Unit:		
City of	Montague		Water D	ept.	* .
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contacte	d on matters involvin
P.O.Box 428			this application (give a	rea code)	
1	iskiyou Co. C	A 96064	Chris Tyh	urst 530 459-5	204
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in b	
94-6000	3 7 5		A. State	H. Independent School Dist.	<u>o</u> g
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate letter	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A language Assert B Doo	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
A. Increase Award B. Dec  D. Decrease Duration Other(s)	11 - 11	Duration	Di oposiai Bistilet	, , , , , , , , , , , , , , , , , , ,	Appeal affects depart of the second period of the second o
D. Decrease Duration Circles	NO'	V 1 9   L	9. NAME OF FEDERA	AL AGENCY:	
	head bend				
			- Form		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NI	MBER: NO HUU.	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJEC	CT:
	(1) 11 ( s mm c)	10-760	Water Ste	rage Tank Const	rugtion
	٠.		water Sto.	rage rank consc	IUCUIUII
TITLE:		1 1- V			
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	nes, etc.):		*	•
City limits of	f Montague				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
	A 11 4		b. Project		
Start Date	a. Applicant District 2		District	2	
15. ESTIMATED FUNDING:	DISCITED 2			SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
15. ESTIMATED FUNDING:	•		ORDER 12372 PF		
a. Federal	\$	.00			
4. 1 535141	· ·	3,485	a. YES. THIS PREA	APPLICATION/APPLICATION W	AS MADE
b. Applicant	\$	.00	, , , , , , , , , , , , , , , , , , , ,	E TO THE STATE EXECUTIVE	ORDER 12372
		0,000	PROCESS	FOR REVIEW ON:	
c. State	\$	.00	DATE		
d. Local	\$	00		and the same had the same that the same time and the same time to the same time.	
d. Local				AM IS NOT COVERED BY E. O.	
e. Other	\$	.00		GRAM HAS NOT BEEN SELECT	FED BY STATE
		00	FOR RE	VIEW	
f. Program Income	\$	00	47 IO THE ADDITION	NT DELINQUENT ON ANY FED	EPAL DERT?
		00	┪		
g. TOTAL	53	3,485	Yes If "Yes,"	attach an explanation.	∑ No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORREC	T, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	E APPLICANT AND T	HE APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	ARDED.			
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	•
Chris Tyhurs		Plant Supt.		530 459-5204 e. Date Signed	
d. Signature of Authorized Repre	sentative			9-8-03	
for John	/			1 9-8-03 Standard Form 424	(Rev. 7-97)

						OMB Approval No. 0348-0043		
<b>APPLICATIO</b>	N FOR	)	2. DATE SUBMITTE	D	icant Identifier			
FEDERAL ASSISTANCE		10/06/03	10/06/03					
1. TYPE OF SUBMISSION:			3. DATE RECEIVED	BY STATE	State Application Iden	ntifier		
Application  ☐ Construction	Preapplication							
■ Non-Construction	4. DATE RECEIVE			BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFO	ORMATION							
Legal Name:	31(14)/(11011			Organizational Uni	it:	and the state of t		
City of River	side				Municipal Airpo			
Address (give city, coun	ity, state, and zij	code)		Name and telepho this application (gi	ne number of the person to b	e contracted on matters involving		
695 <b>1</b> Fl <b>i</b> ght R	load							
Riverside, CA			,	John J. Saba (909) 351-6				
Riverside Cou	inty			(333)				
EMPLOYER IDENTIFIC	CATION NUMBE	R (EIN):		7. TYPE OF APP	LICANT: (enter appropriate l	etter in box)		
	6 0	0 0	7 6 9	A. State	H. Interdependen	nt School District		
9 5 -	0 0		7 D B	B. County C. Municipal	<ol> <li>State Controlle</li> <li>J. Private University</li> </ol>	ed Institution of Higher Learning sity		
8. TYPE OF APPLICAT	TION:			D. Township E. Interstate	K. Indian Tribe L. Individual			
₩ Ne	ew 🗌 Co	ntinuation	evision	F. Intermunicipal G. Special District	M. Profit Organiza	The second secon		
If Revision, enter appro	priate letter(s) ir	box(es):	П		-creares			
A Increase Award	B Decrea	ase Award C In	crease Duration			NOV 1 7 2003		
D Decrease Duration	on Other (sp	ecify)		9. NAME OF FEI	DERAL AGENCY			
				0. 10		STATE CLEARING HOUSE		
				Federal	Aviation Admini	Stration -		
<ol> <li>CATALOG OF FEDER</li> <li>ASSISTANCE NUMBER</li> </ol>	AL DOMESTIC			11. DESCRIPTIN	/E TITLE OF APPLICANT'S F	PROJECT:		
TITLE: Airport Improv	mant	2 0 .	1 0 6		Rehabilitation			
Program (AIP)						nd Five Connector		
12. AREAS AFFECTE	D BY PROJEC	(cities, counties, stat	es, etc.):	Taxiways	at Riverside Mu	nicipal Airport.		
City and Cour	nty of Ri	verside						
13. PROPOSED PRO	JECT	14. CONGRESSIC	NAL DISTRICTS OF					
Start Date	Ending Date	a. Applicant			b. Project			
1/04	3/04	43rd			43rd			
15. ESTIMATED FUND  a. Federal	DING   \$	607 500 :00	THE TH		EW BY STATE EXECUTIVE I/APPLICATION WAS MADE			
b. Applicant	\$	607,500 00	31.	ATE EXECUTIVE OR	DER 12372 PROCESS FOR	REVIEW ON		
		37,125 00						
c. State	\$	30,375 00		.TE: -				
d. Local	\$	•	b. NO	PROGRAM IS NO	COVERED BY E. O. 12372			
e. Other	\$	•		OR PROGRAM HA	AS NOT BEEN SELECTED B	Y STATE FOR REVIEW		
f. Program income	\$	•	17. IS THE APPLIC	ANT DELINQUENT C	N ANY FEDERAL DEBT?			
g. TOTAL	\$	675,000 '00	Yes If ye	es, attach an explanat	ion	☐ No		
18. TO THE BEST OF AUTHORIZED BY TH AWARDED	F MY KNOWLEI IE GOVERNING	DGE AND BELIEF, AL BODY OF THE APPL	L DATA IN THIS APPLIC ICANT AND THE APPLIC	ATION ARE TRUE AF ANT WILL COMPLY	ND CORRECT, THE DOCUM WITH THE ATTACHED ASSI	ENT HAS BEEN DULY JRANCES IF THE ASSISTANCE IS		
a. Typed Name of Au			le Lty Manager			c. Telephone number (909) 826-5761		
George A. Ca			Ley manager			e. Date Signed		
	•							